

Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2007**Open to Public Inspection**Department of the
Treasury
Internal Revenue
Service

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2007 calendar year, or tax year beginning 10-01-2007 and ending 09-30-2008

- B** Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITALNumber and street (or P O box if mail is not delivered to street address) Room/suite
27200 CALAROGA AVECity or town, state or country, and ZIP + 4
HAYWARD, CA 945454383**D** Employer identification number

94-1668344

E Telephone number

(510) 264-4107

F Accounting method ☐ Cash ☒ Accrual☐ Other (specify) _____

* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and **I** are not applicable to section 527 organizations**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter number of affiliates: _____**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number: _____**M** Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**G** Web site: www.strosehospital.org**J** Organization type (check only one) ☒ 501(c)(3) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than 25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12: 128,539,459**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

1	Contributions, gifts, grants, and similar amounts received	1a		1e	1,681,881
a	Contributions to donor advised funds	1b	302,920	2	126,355,913
b	Direct public support (not included on line 1a)	1c	1,275,945	3	
c	Indirect public support (not included on line 1a)	1d	103,016	4	
d	Government contributions (grants) (not included on line 1a)			5	20,113
e	Total (add lines 1a through 1d) (cash \$ 1,351,063 noncash \$ 330,818)			6a	57,936
2	Program service revenue including government fees and contracts (from Part VII, line 93)	6b		6c	57,936
3	Membership dues and assessments			7	
4	Interest on savings and temporary cash investments				
5	Dividends and interest from securities				
6a	Gross rents				
b	Less rental expenses				
c	Net rental income or (loss) subtract line 6b from line 6a				
7	Other investment income (describe: _____)				
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b	Less cost or other basis and sales expenses	8a			
c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c		8d	
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ _____ of contributions reported on line 1b)	9a			
b	Less direct expenses other than fundraising expenses	9b		9c	
c	Net income or (loss) from special events Subtract line 9b from line 9a				
10a	Gross sales of inventory, less returns and allowances	10a			
b	Less cost of goods sold	10b		10c	
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a				
11	Other revenue (from Part VII, line 103)			11	423,616
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			12	128,539,459
13	Program services (from line 44, column (B))			13	116,484,402
14	Management and general (from line 44, column (C))			14	11,017,638
15	Fundraising (from line 44, column (D))			15	
16	Payments to affiliates (attach schedule)			16	
17	Total expenses Add lines 16 and 44, column (A)			17	127,502,040
18	Excess or (deficit) for the year Subtract line 17 from line 12			18	1,037,419
19	Net assets or fund balances at beginning of year (from line 73, column (A))			19	16,499,256
20	Other changes in net assets or fund balances (attach explanation)			20	-3,111,106
21	Net assets or fund balances at end of year Combine lines 18, 19, and 20			21	14,425,569

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22a	Grants paid from donor advised funds (attach Schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a				
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b				
23	Specific assistance to individuals (attach schedule)	23				
24	Benefits paid to or for members (attach schedule)	24				
25a	Compensation of current officers, directors, key employees etc. Listed in Part V-A (attach schedule)	25a	908,429	644,759	263,670	
b	Compensation of former officers, directors, key employees etc. listed in Part V-B (attach schedule)	25b				
c	Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included on lines 25a, b and c	26	65,169,178	60,113,007	5,056,171	
27	Pension plan contributions not included on lines 25a, b and c	27	1,621,662	1,621,662		
28	Employee benefits not included on lines 25a - 27	28	5,421,901	5,420,954	947	
29	Payroll taxes	29	4,394,695	4,394,695		
30	Professional fundraising fees	30				
31	Accounting fees	31	179,499		179,499	
32	Legal fees	32	350,456		350,456	
33	Supplies	33	14,509,418	14,047,094	462,324	
34	Telephone	34	181,079	44,195	136,884	
35	Postage and shipping	35	100,279	4,221	96,058	
36	Occupancy	36	194,773	162,880	31,893	
37	Equipment rental and maintenance	37	3,994,328	3,110,923	883,405	
38	Printing and publications	38	128,184	35,478	92,706	
39	Travel	39	6,998	1,474	5,524	
40	Conferences, conventions, and meetings	40	64,108	36,687	27,421	
41	Interest	41	1,937,421	1,937,421		
42	Depreciation, depletion, etc. (attach schedule)	42	1,939,197	1,939,197		
43	Other expenses not covered above (itemize)					
a	PROVISION FOR BAD DEBTS	43a	11,772,735	11,772,735		
b	PURCHASED SERVICES	43b	6,160,586	4,874,502	1,286,084	
c	professional fees	43c	3,938,217	3,672,908	265,309	
d	INSURANCE	43d	1,164,015	16,232	1,147,783	
e	utilities	43e	1,072,896	1,072,896		
f	OTHER EXPENSES	43f	1,346,859	615,355	731,504	
g	Patient Assistance Expense	43g	945,127	945,127		
44	Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	127,502,040	116,484,402	11,017,638	0

Joint Costs. Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____, (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

<p>What is the organization's primary exempt purpose? See Statement 15</p> <p>All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)</p>	<p>Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p>a The primary service includes primary and secondary medical/ surgical services, critical care and intensive care service, 24-hour emergency services, family birthing center, skilled nursing service, cardiac services, an occupational health clinic service, rehabilitation, pediatric clinic, mobile van clinic, outpatient surgery and laboratory/ imaging services</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	<p>116,484,402</p>
<p>b</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>c</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>d</p> <p>(Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</p>	<p>116,484,402</p>

Part IV Balance Sheets (See the instructions.)


Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year	
45	Cash—non-interest-bearing		-57,966	45	5,126,788
46	Savings and temporary cash investments		293,385	46	1,895,639
47a	Accounts receivable	47a	109,985,809		
b	Less allowance for doubtful accounts	47b	81,565,316		
			25,683,550	47c	28,420,493
48a	Pledges receivable	48a			
b	Less allowance for doubtful accounts	48b		48c	
49	Grants receivable			49	
50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)			50a	
b	Receivables from other disqualified persons (as defined under section 4958(c)(3)(B) (attach schedule)			50b	
51a	Other notes and loans receivable (attach schedule)	51a			
b	Less allowance for doubtful accounts	51b		51c	
52	Inventories for sale or use		1,179,822	52	1,189,006
53	Prepaid expenses and deferred charges		484,155	53	1,055,050
54a	Investments—publicly-traded securities <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		8,171	54a	7,169
b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54b	
55a	Investments—land, buildings, and equipment basis	55a			
b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments—other (attach schedule)			56	
57a	Land, buildings, and equipment basis	57a	58,729,592		
b	Less accumulated depreciation (attach schedule)	57b	43,326,259		
			16,403,349	57c	15,403,333
58	Other assets, including program-related investments (describe <input type="checkbox"/>)		15,150,978	58	11,983,907
59	Total assets (must equal line 74) Add lines 45 through 58		59,145,444	59	65,081,385
60	Accounts payable and accrued expenses		8,564,037	60	10,402,874
61	Grants payable			61	
62	Deferred revenue			62	
63	Loans from officers, directors, trustees, and key employees (attach schedule)			63	
64a	Tax-exempt bond liabilities (attach schedule)			64a	
b	Mortgages and other notes payable (attach schedule)		24,489,585	64b	25,240,216
65	Other liabilities (describe <input type="checkbox"/>)		9,592,566	65	15,012,726
66	Total liabilities Add lines 60 through 65		42,646,188	66	50,655,816
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
67	Unrestricted		15,500,098	67	13,551,119
68	Temporarily restricted		999,158	68	874,450
69	Permanently restricted			69	
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
70	Capital stock, trust principal, or current funds			70	
71	Paid-in or capital surplus, or land, building, and equipment fund			71	
72	Retained earnings, endowment, accumulated income, or other funds			72	
73	Total net assets or fund balances Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)		16,499,256	73	14,425,569
74	Total liabilities and net assets / fund balances Add lines 66 and 73		59,145,444	74	65,081,385

Part I			Total revenue, gains, and other support per audited financial statements	
a	Total revenue, gains, and other support per audited financial statements		a	124,483,252
b	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	b1	-1,002	
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify) _____	b4	-4,055,205	
	Add lines b1 through b4		b	-4,056,207
c	Subtract line b from line a		c	128,539,459
d	Amounts included on Part I, line 12, but not on line a			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		
	Add lines d1 and d2		d	-4,056,207
e	Total revenue (Part I, line 12) Add lines c and d		e	128,539,459

a	Total expenses and losses per audited financial statements		a	126,556,913
b	Amounts included on line a but not on Part I, line 17			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify) _____	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	126,556,913
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify) _____	d2		945,127
	Add lines d1 and d2		d	945,127
e	Total expenses (Part I, line 17) Add lines c and d		e	127,502,040

[illegible]

Yes	No
-----	----

75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings	23	
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s) .	75b	No
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization"  If "Yes," attach a statement that includes the information described in the instructions	75c	Yes
d Does the organization have a written conflict of interest policy?	75d	Yes

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

[illegible]

Yes	No
-----	----

76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76		No
77	Were any changes made in the organizing or governing documents but not reported to the IRS? . . . If "Yes," attach a conformed copy of the changes	77		No
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		No
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	Yes	
b	If "Yes," enter the name of the organization <u>See Additional Data Table</u> _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt			
81a	Enter direct or indirect political expenditures (See line 81 instructions) . . . 81a			
b	Did the organization file Form 1120-POL for this year?	81b		No

Part VI Other Information (continued)

		Yes	No
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		No
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b			
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	Yes	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	Yes	
83b			
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
	If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year		
c	Dues assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	No
b	At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI	88b	Yes
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	No
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0</u>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction?	89e	No
f	All organizations. Did the organization acquire direct or indirect interest in any applicable insurance contract?	89f	No
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	No
90a	List the states with which a copy of this return is filed <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	90b	907
91a	The books are in care of <u>michael french controller</u> Telephone no <u>(510) 264-4110</u> <u>27200 calaroga avenue</u> Located at <u>hayward, CA</u> ZIP + 4 <u>94545</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	91b	No
	If "Yes," enter the name of the foreign country <u></u>		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c

No

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here

and enter the amount of tax-exempt interest received or accrued during the tax year

92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a Net patient revenue					54,174,663
b					
c					
d					
e					
f Medicare/Medicaid payments					72,181,250
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	20,113	
97 Net rental income or (loss) from real estate					
a debt-financed property			03	57,936	
b non debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a Other revenue					423,616
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				78,049	126,779,529
105 Total (add line 104, columns (B), (D), and (E))					126,857,578

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93A Income received from providing inpatient and outpatient service in connection with the operation of an acute care hospital

93f Income received from providing inpatient and outpatient service in connection with the operation of an acute care hospital

103a Income from health related programs to benefit the community serviced by the hospital

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☐ No ☒(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI **Information Regarding Transfers To and From Controlled Entities** *Complete only if the organization is a controlling organization as defined in section 512(b)(13)*

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
					No
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a					
b					
c					
Totals				0	

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity				Yes	No
				Yes	
	(A) Name and address of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	
a	ST ROSE HOSPITAL FOUNDATION 27200 CALAROGA AVENUE HAYWARD, CA 94545	942428886	contributions in support of hospital operations	1,275,945	
Totals				1,275,945	

108 Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?				Yes	No
					No

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	*****	2009-08-10	
	Signature of officer		
	Date		
	Michael Taylor sVP/CFO		
	Type or print name and title		

Paid Preparer's Use Only	Preparer's signature	Date	Check if self- employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN (See Gen Inst W)
	Firm's name (or yours if self-employed), address, and ZIP + 4			EIN
	MOSS ADAMS LLP ONE CALIFORNIA STREET 4TH FLOOR SAN FRANCISCO, CA 94111			Phone no (415) 956-1500

SCHEDULE A
(Form 990 or
990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information—(See separate instructions.)**

OMB No 1545-0047

2007Department of the
Treasury
Internal Revenue
Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**Name of the organization
HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

Employer identification number

94-1668344

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
gary heist 27200 calaroga ave hayward, CA 94545	SVS supervisor 40 00	264,741	25,063	0
joanna richards 27200 calaroga ave hayward, CA 94545	crna 60 00	212,753	25,382	0
ARNETTE ASBURY 27200 calaroga ave hayward, CA 94545	CHARGE RN II 40 00	202,038	21,597	0
ELSA RODRIGUEZ 27200 calaroga ave hayward, CA 94545	Charge RN II 40 00	194,136	27,845	0
John anthony Ashley 27200 calaroga ave hayward, CA 94545	RN II 40 00	198,101	11,778	0
Total number of other employees paid over \$50,000 ▶	440			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individual or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CALIF HOSPITALIST MEDICAL CORP 1900 MOWRY AVENUE SUITE 309 FREMONT, CA 94538	physician (hospitalists)	774,000
patterson elena md po box 4056 foster city, CA 94404	anesthesiology services	453,100
CHILDRENS HOSPITAL OAKLAND 747 52ND STREET OAKLAND, CA 94609	PHYSICIAN (PEDIATRIC)	447,711
securitas security usa inc file 57220 los angeles, CA 90074	security services	376,839
AFFILIATES IN IMAGING 418 30TH STREET OAKLAND, CA 94609	PHYSICIAN (IMAGING)	284,000
Total number of others receiving over \$50,000 for professional services ▶	13	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individual or firms. If there are none, enter "None". See page 2 for instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
BAYVIEW FUNDING DBA MEDI-LEND NURSI PO BOX 881774 SAN FRANCISCO, CA 941881774	REGISTRY	643,052
RNS INC 225 W WINTON AVE SUITE 206 HAYWARD, CA 94544	REGISTRY	456,282
COUNTY BANK DBA POWER PERSONNEL PO BOX 1089 SAN JOSE, CA 95108	REGISTRY	353,872
GATEWAY ACCEPTANCE COMPANY AC NURS PO BOX 4053 CONCORD, CA 94524	REGISTRY	235,029
NUCO HEALTHCARE LLC DBA PROMED AGEN PO BOX 94603 SEATTLE, WA 94124	REGISTRY	223,498
Total number of other contractors receiving over \$50,000 for other services ▶	7	

Part III Statements About Activities (See page 2 of the instructions.)

Yes No

1	During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$ 19,172 (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)	1	Yes	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities				
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing property?	2a		No
b	Lending of money or other extension of credit?	2b		No
c	Furnishing of goods, services, or facilities?	2c		No
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	Yes	
e	Transfer of any part of its income or assets?	2e		No
3a	Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		No
b	Did the organization have a section 403(b) annuity plan for its employees?	3b	Yes	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment , historic land areas or structures? If "Yes" attach a detailed statement	3c		No
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		No
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete lines 4f and 4g	4a		No
b	Did the organization make any taxable distributions under section 4966?	4b		
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		
d	Enter the total number of donor advised funds owned at the end of the tax year	0		
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	0		
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0		
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year	0		

Part IV

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box)

- ☐
- Type I
- ☐
- Type II
- ☐
- Type III - Functionally Integrated
- ☐
- Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support?
			Yes	No	
Total					

- 14** ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.****Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					
c Total support for section 509(a)(1) test. Enter line 24, column (e).					
d Add: Amounts from column (e) for lines 18 _____ 19 _____ 22 _____ 26b _____					
e Public support (line 26c minus line 26d total)					
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12:	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____				
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					
d Add: Line 27a total _____ and line 27b total _____					
e Public support (line 27c total minus line 27d total)					
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e).					
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)		
32 Does the organization maintain the following		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768)Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred)

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount Enter the amount from the following table— If the amount on line 40 is— The lobbying nontaxable amount is— Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below
See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

	Yes	No	Amount
a Volunteers		No	
b Paid staff or management (Include compensation in expenses reported on lines c through h.)		No	
c Media advertisements		No	0
d Mailings to members, legislators, or the public		No	0
e Publications, or published or broadcast statements		No	0
f Grants to other organizations for lobbying purposes	Yes		19,172
g Direct contact with legislators, their staffs, government officials, or a legislative body		No	0
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		No	0
i Total lobbying expenditures (Add lines c through h.)			19,172

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

a Transfers from the reporting organization to a noncharitable exempt organization of

	Yes	No
51a(i)		No
a(ii)		No
b(i)		No
b(ii)		No
b(iii)		No
b(iv)		No
b(v)		No
b(vi)		No
c		No

(i) Cash

(ii) Other assets

b Other transactions

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

b If "Yes," complete the following schedule

[illegible]

Additional Data

Software ID:
Software Version:

EIN: 94-1668344

Name: HAYWARD SISTERS HOSPITAL DBA ST ROSE
HOSPITAL

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Delmo della dora phd 27200 calaroga avenue hayward, CA 94545	vice chairperson 1 00	0	0	0
michael p mahoney 27200 calaroga avenue hayward, CA 94545	presidentceo 50 00	0	19,108	0
michael s taylor cpa 27200 calaroga avenue hayward, CA 94545	senior vice presidentCFO 50 00	212,772	31,790	0
Bob Senna Jr 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
shelley horwitz 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
sammy t hung md 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
bishop j w macklin 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
Kathleen A Streeter 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
honorable richard valle 27200 calaroga avenue hayward, CA 94545	trustee 1 00	0	0	0
mariellen faria 27200 calaroga avenue hayward, CA 94545	vp patient services 50 00	168,784	25,799	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
charles feldstein md 27200 calaroga avenue hayward, CA 94545	vp medical affairs 50 00	110,682	19,802	0
kenneth henkelman 27200 calaroga avenue hayward, CA 94545	vp support services 50 00	140,005	17,496	0
KWAN-SIAN CHEN MD 27200 calaroga avenue Hayward, CA 94545	TRUSTEE 1 00	0	0	0
JAY HARRIS 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
Gary Smith 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
ERIC S KOHLERITER MD 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
JULIE MCKILLOP 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
RONALD G PECK ESQ 27200 calaroga avenue Hayward, CA 94545	TRUSTee, 1 00	0	0	0
sheriff emeritus CHARLES PLUMMER 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0
CHARLES RAMORINO 27200 calaroga avenue Hayward, CA 94545	TRUSTee 1 00	0	0	0

Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
sherman I balch 27200 calaroga avenue hayward, CA 94545	chairman 1 00	0	0	0
JOHN DAVINI 27200 calaroga avenue Hayward, CA 94545	VP FOR HUMAN RESOURCES SERVICES 50 00	146,200	15,991	0
JANET L GARIN 27200 calaroga avenue Hayward, CA 94545	Trustee 1 00	0	0	0

Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

Name of the Organization	Exempt	Nonexempt
st rose hospital foundation	X	
ST rose medical building inc	X	

Form

4562-FYDepartment of the Treasury
Internal Revenue Service**Depreciation and Amortization**
(Including Information on Listed Property)

OMB No 1545-

2007Attachment
Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return

HAYWARD SISTERS HOSPITAL DBA ST ROSE
HOSPITAL

Business or activity to which this form relates

Form 990 Page 2

Identifying number

94-1668344

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	500,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2006 Form 4562FY	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2008 Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2007	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	

Section C—Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	1,939,197
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.**Section A—Depreciation and Other Information** (Caution: See the instructions for limits for passenger automobiles.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No**24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%			S/L -			
		%			S/L -			
		%			S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person.

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners.		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2007 tax year (see instructions)					
43 Amortization of costs that began before your 2007 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2007 Compensation Schedule

Name: HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

EIN: 94-1668344

Name	Related Organization		Relationship	Compensation Amount	Benefit Plan Contributions	Expense Account	Compensation Description
	Name	EIN					
michael p mahoney	st rose medical building inc	94-2856700	affiliate organization	291,082	11,821	5,400	COMPENSATION FOR SERVICES PERFORMED AS PRESIDENT/CEO

TY 2007 General Explanation Attachment**Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Identifier	Return Reference	Explanation
Statement of Primary exempt purpose	Form 990, PART III	<p>Hayward Sisters Hospital dba St Rose Hospital (the Hospital) owns and operates a general acute care hospital located in Hayward, California, and the sole corporate member of St Rose Hospital Foundation and Saint Rose Medical Building, Inc. Founded in 1962, the Hospital is currently licensed for 163 beds and has an active medical staff of over 90 with another 175 plus physicians with provisional admitting privileges. The hospital's primary service area comprises of the cities of Hayward and Union City of the East Bay in the greater San Francisco area of Northern California. The population of this service area is roughly 200,000 and the hospital is situated in a predominantly working-class section of Hayward. The hospital services include primary and secondary medical/surgical services, critical care and intensive care units, 24-hour emergency services, a family birthing center, a skilled nursing unit, cardiac services, an occupation health clinic, rehabilitation, a pediatric clinic, a mobile van clinic, outpatient surgery, and laboratory/imaging services. As part of the Hospital's mission, St Rose offers these services to all those in need. Saint Rose Medical Building Inc, founded in 1981, has its primary purpose of providing primary office space to physicians and other medical professionals providing medical services at St Rose Hospital and to ultimately benefit our patient population with added convenience and a full spectrum of care. The primary purpose of St Rose Hospital Foundation since its incorporation in 1977 is to procure and extend financial aid to St Rose Hospital.</p>

TY 2007 Land etc. Schedule**Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Category/Item	Cost/Other Basis	Accumulated Depreciation	Book Value
Land	155,087		155,087
Land Improvements	1,034,313	804,273	230,040
Buildings	27,513,901	19,272,674	8,241,227
Capital Leases	2,175,988	1,883,771	292,217
Automobiles	252,714	252,714	0
Furniture	1,953,681	1,634,854	318,827
Equipment	16,961,926	14,433,289	2,528,637
Computer Hardware	3,480,669	3,159,303	321,366
Computer Software	2,401,214	1,885,381	515,833
CIP	2,800,099		2,800,099

TY 2007 Mortgages and Notes Payable Schedule

Name: HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

EIN: 94-1668344

Total Mortgage Amount: 0

Item No.	1
Lender's Name	via christi health system
Lender's Title	NA
Relationship to Insider	none
Original Amount of Loan	4220000
Balance Due	4006193
Date of Note	2005-09
Maturity Date	2008-08
Repayment Terms	None
Interest Rate	0.0000
Security Provided by Borrower	deed of trust
Purpose of Loan	capital financing
Description of Lender Consideration	na
Consideration FMV	

Item No.	2
Lender's Name	residential Funding Corporation
Lender's Title	NA
Relationship to Insider	none
Original Amount of Loan	12500000
Balance Due	11041667
Date of Note	2005-08
Maturity Date	2009-05
Repayment Terms	41666.67/month
Interest Rate	6.4860
Security Provided by Borrower	hospital assets
Purpose of Loan	capital financing
Description of Lender Consideration	na
Consideration FMV	

Item No.	3
Lender's Name	GMAC-RFC HEALTH CAPITAL
Lender's Title	NA
Relationship to Insider	NOne
Original Amount of Loan	6048045
Balance Due	10169737
Date of Note	2005-08
Maturity Date	2006-03
Repayment Terms	Rev I/C
Interest Rate	5.9860
Security Provided by Borrower	hospital assets
Purpose of Loan	capital financing
Description of Lender Consideration	Na
Consideration FMV	

Item No.	4
Lender's Name	phillips-Capital Lease
Lender's Title	NA
Relationship to Insider	none
Original Amount of Loan	2546494
Balance Due	21328
Date of Note	2002-12
Maturity Date	2008-04
Repayment Terms	60 mos
Interest Rate	
Security Provided by Borrower	leased equipment
Purpose of Loan	leased equipment
Description of Lender Consideration	NA
Consideration FMV	

Item No.	5
Lender's Name	hospital credit
Lender's Title	NA
Relationship to Insider	none
Original Amount of Loan	66830
Balance Due	1291
Date of Note	2002-04
Maturity Date	2008-01
Repayment Terms	60 mos
Interest Rate	
Security Provided by Borrower	leased equipment
Purpose of Loan	leased equipment
Description of Lender Consideration	NA
Consideration FMV	

TY 2007 Other Assets Schedule**Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Description	Beginning of Year Amount	End of Year Amount
Bond Issuance Costs	150,435	240,796
insurance reimbmedi-calmedicare reimbursement	8,765,345	6,433,660
Receivable for Imaging Center	34,457	53,629
Due From Medical Building	781,443	1,558,333
Due from FoUndation	349,140	503,564
ESTIMATED THIRD-PARTY PAYOR SETTLEMENTS	4,071,000	2,319,474
assets limited to use	999,158	874,451

TY 2007 Other Changes in Net Assets Schedule**Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Description	Amount
changes in net unrealized gainloss	-1,002
Change in Minimum Pension Liability	-2,985,371
unrealized loss on stamm trust	-124,707
Intercompany Payable Not Reported in Audited Financial Statements	-26

**TY 2007 Other Expenses
Not Included Schedule**

Name: HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

EIN: 94-1668344

Description	Amount
grants from foundation	945,127

TY 2007 Other Liabilities Schedule**Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Description	Beginning of Year Amount	End of Year Amount
self insurance reserve	2,986,037	2,503,686
ACCRUED PAYROLL AND PAYROLL-RELATED LIABILITIES	4,974,058	5,994,293
Pension Liability	1,632,471	6,514,721
Due to foundation	0	26

TY 2007 Other Revenues Included Schedule**Name:** HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL**EIN:** 94-1668344

Description	Amount
CHange in Minimum Pension LIability	-2,985,371
Unrealized Loss on Stamm Trust	-124,707
contribution from foundation	-945,127

TY 2007 Non Electing Public Charities Statement

Name: HAYWARD SISTERS HOSPITAL DBA ST ROSE HOSPITAL

EIN: 94-1668344

Statement: Portion of CHA membership dues are used for lobbying expenditures